

MONTANA SURPLUS LINES
ENDORSEMENT / CANCELLATION COVER SHEET
(Stamping Fee of 1% for Paper Filing)

NAME OF INSURED _____

ENDORSEMENT # _____ OR CANCELLATION ☐ (check if cancellation)

COMPANY _____ POLICY # _____

EFFECTIVE DATE _____ EXPIRATION DATE _____
EX:01/01/08 EX:01/01/09

ENDORSEMENT/CANCELLATION EFFECTIVE DATE* _____
EX:01/01/08

* Use a date prior to effective date of policy for a flat cancellation of the policy

NOTICE: Under Montana law, inspection fees for the actual cost of inspecting the risk to be covered may be charged. Other fees, such as placement fees or policy fees, are not permitted.

PREMIUM (ADDITIONAL RETURN) _____

☐ (Check One) ☐

FIRE PREMIUM _____

INSPECTION FEE _____

PREMIUM TAX 2.75% _____

FIRE TAX 2.5% _____

STAMPING FEE 1.0% _____

(Only returned if flat cancellation prior to the effective date of the policy)

SURPLUS LINES PRODUCER:	_____	SL PRODUCER
	_____	AGENCY NAME
	_____	ADDRESS
	_____	CITY/ST/ZIP

SURPLUS LINES INDIVIDUAL LICENSE NO. _____

For Office Use Only: